

Case Number:	CM14-0071808		
Date Assigned:	07/16/2014	Date of Injury:	01/17/2013
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 year old male who was injured on 01/17/2013 when he was involved in a motor vehicle accident. Prior treatment history has included physical therapy. The patient underwent right shoulder arthroscopy, posterior labral repair; and right shoulder arthroscopy limited intra-articular debridement on 08/28/2013; application of prosthetic device at C5-C7; right anterior superior iliac crest bone graft harvesting; anterior cervical discectomy at C5-C7; anterior cervical arthrodesis C5-C7 on 01/09/2014. Work comp note dated 04/18/2014 documented the patient to present with severe pain. He reported constant pain located in the neck/arm. He also described back pain and that his back pain symptoms are worse. He stated his pain between shoulder blades and neck is his main complaints. His medications listed are Flexeril 5 mg, Sonata 10 mg, and Valium 5 mg. Objective findings on exam revealed cervical spine range of motion revealed right rotation to 20/90 degrees with pain. He has a normal gait pattern. The neck exam revealed right impingement sign is positive. He is diagnosed with herniated nucleus pulposus. The patient has been recommended for Valium 10 mg; Flexeril 10 mg; Sonata 10 mg; Thoracic epidural; and physical therapy 2 x 6. Prior utilization review dated 04/30/2014 Thoracic Epidural at Cervicothoracic Junction is denied, Physical Therapy 2 x 6 Cervical Spine is modified for additional postop physical therapy 1x6 weeks; Flexeril 10mg is modified to Flexeril 10 mg #20; Valium 10mg, Sonata 10mg is modified to Sonata 10 mg #20 to initiate safely weaning the patient safely the patient off all muscle hypnotics.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Thoracic Epidural at Cervithoracic Junction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the Use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back , Epidural steroid injections(Therapeutic).

Decision rationale: As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is no clear evidence of radiculopathy (radiating pain in a dermatomal distribution in the lower extremities). There is no imaging or Electrodiagnostic evidence of nerve root compression. There is little to no evidence of prior trial and failure of conservative management such as physical therapy, home exercise, acupuncture and Medications (NSAIDs, oral steroids, etc). Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.

Physical Therapy 2 x 6 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy and 24 visits over 16 weeks for cervical post-surgical (fusion) physical therapy. In this case, the injured worker has already received unknown number of physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of

this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the allowed number of PT visits under the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For Pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Cyclobenzaprine(Flexeril).

Decision rationale: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. There is little to no evidence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis, however, there is no documentation of any significant improvement with prior use. Chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, the medical necessity for Flexeril is not established.

Valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Benzodiazepines.

Decision rationale: According to the guidelines, Benzodiazepines are not recommended. These medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. / Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Diazepam is appropriate and

medically necessary for this patient. Moreover, there is no documentation of any significant improvement with prior use in this patient. Therefore, this request is not medically necessary.

Sonata 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: MTUS/ACOEM guidelines do not address the issue. Per ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zaleplon (Sonata). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. They have potential for abuse and dependency. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." however there is no documentation of sleep hygiene or number of hours of sleep in this patient. Furthermore, there is no documentation of any significant improvement with prior use in this patient. Therefore, the medical necessity of the request for this medication is not established per guidelines and lack of documentation.